

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S-2		08-21-01
O.A.P.E. CLASSIFIER			
FORMALITY REVIEW	LS	1084	9/30/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 = _____ Allowed I _____ Interference
 - (Through numeral) _____ Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	1/28/01
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Claim	Date
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Best Available Copy

08/10/01
 906
 If more than 150 claims or 10 actions
 staple additional sheet here
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